Provider *Insider*

Alabama Medicaid Bulletin   October / November 2000

Medicaid Rates Increase for Physicians and Dentists

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Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ❏ *Office Manager*
- ❏ *Billing Dept.*
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REMINDER

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Auburn, Al 36832-3210
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www.medicaid.state.al.us

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Policy questions concerning the above information should be directed to the LTC Provider/Recipient Management Unit at (334) 242-5657.

Prescription Drug Coverage Requirements

Medicaid recipients may be covered by employer health plans that provide prescription drug coverage. When submitting prescription drug claims to Medicaid that have been paid by other health plans, providers need to submit the **full charge** (not the amount remaining after the health plan paid) to Medicaid and indicate on the Medicaid claim the amount paid by the other health plan. Medicaid will then deduct the amount paid by the other health plan from the Medicaid allowed amount and pay the difference, if any.

Providers must also indicate the NCPDP "other coverage code" of 2 if payment is made by the other health plan. If a Medicaid recipient has other coverage but payment was denied, the pharmacy should indicate an "other coverage code" of 3, indicating that the individual has other coverage but the claim was not covered.

Questions regarding this process may be directed to Keith Thompson at (334) 242-5281 or Kay Keeshan at (334) 242-5248.

Important Mailing Addresses	
Pharmacy, Dental, and UB-92 claims	EDS Post Office Box 244033 Montgomery, AL 36124-4033
HCFA-1500	EDS Post Office Box 244034 Montgomery, AL 36124-4034
Inquiries, Provider Enrollment Information, Provider Relations, and Diskettes for Electronic Claims Submission (ECS)	EDS Post Office Box 244035 Montgomery, AL 36124-4035
Medicare Related Claims	EDS Post Office Box 244037 Montgomery, AL 36124-4037
Prior Authorization (to include Medical Records)	EDS Post Office Box 244036 Montgomery, AL 36124-4036
Adjustments / Refunds	EDS Post Office Box 244038 Montgomery, AL 36124-4038

Nursing Home Guidelines for
Four-Day Hospital Stay Reservation

Neither Medicaid patients, nor their sponsor, may be charged for reservation of a bed for the first four days of any period during which a Medicaid patient is temporarily absent due to admission to a hospital on or after September 1, 2000. Prior to discharge of the patient to the hospital, the patient, the family of the patient, or the sponsor of the patient is responsible for making arrangements with the nursing home for the reservation of a bed and any costs associated with reserving a bed for the patient beyond the covered four day hospital stay reservation period. The covered four day hospital stay reservation policy does not apply to:

- Medicaid-eligible patients who are discharged to a hospital while their nursing home stay is being paid by Medicare or another payment source other than Medicaid.

- Any non-Medicaid patients

- A patient who has applied for Medicaid but has not yet been approved; if the patient is later retroactively approved for Medicaid and the approval period includes some or all of the hospital stay, the nursing home shall refund that portion of the bed hold reservation charge it received from the patient, family of the patient, or sponsor of the patient for the period that would have been within the four covered days policy.

- Medicaid patients who have received a notice of discharge for non-payment of service.

The facility will not count these four days as patient days in their census. The facility will be reimbursed for these days through their per diem. Since these four days will not be counted in their census, the per diem will be higher. Providers will continue to notify the Alabama Medicaid Agency of the discharge, transfer, or nursing facility readmission of an eligible recipient. Questions regarding reimbursement for bed-hold days should be directed to the Provider Audit / Reimbursement Unit at (334) 242-2313.

EPSDT Policy Change for Vision Screenings

The age has changed for vision screenings on Medicaid-eligible children. The new age requirement for vision screenings is three (3) years of age. This change will take effect on November 1, 2000.

If you have additional questions regarding this information, please contact Medical Services Outreach & Education Program at Medicaid 334-242-5455.

REMINDER

2001 ICD Diagnosis Codes

Medicaid will accept both old and new ICD-9 codes for claims received November 1, through December 31, 2000. Any claim using the 2001 diagnosis codes that rejected/denied during October 2000 can be resubmitted on or after November 1, 2000. For claims received on or after January 1, 2001, Medicaid will accept only the 2001 ICD-9-CM Diagnosis Codes.

Patient 1st PMP Directory Now Available on the Web

Medicaid is proud to announce that the Patient 1st list of current PMPs is available via the web. The list may be printed out by county or as a list for the entire state. The list is located in the **ABOUT** section of the Medicaid website and is called Patient 1st Providers by County. It can be found at the following web address: www.medicaid.state.al.us. The list is updated on a monthly basis with the date revised listed at the bottom of the web page. If you do not have access to the web, you may obtain a copy by contacting the Managed Care Outreach and Education Unit at (334) 353-5203.

Plan First Program Debuts October 1st

October 1st was the official start date of Medicaid's new family planning waiver, Plan First. The response to the implementation of the program has been very positive. This program will provide family planning services to women who would otherwise not be eligible for coverage under Medicaid. If you are interested in becoming a Plan First Provider or need information regarding this program, you may contact Leigh Ann Payne, Plan First Program Manager, at (334) 353-5263.

Maternity-Related Service Claims Have Been Reprocessed

Outstanding claims (medical) for maternity-related services have been reprocessed. Should you have further questions regarding these claims, please contact your EDS Provider Representative or your Maternity Care Primary Contractor for assistance.

www.medicaid.state.al.us

EDS UNIVERSITY

Frequently asked Questions From Hospitals

Q: Hospital providers received duplicate PHP EOPs for 2/4/00 with different checkwrite amounts. Which one is correct?

A: There was a problem with the 2/4/00 cycle in that the first production of PHP EOPs contained a "Financial Items" section in error. These EOPs were mailed before the error was caught. The second production of EOPs are correct and do not contain a "Financial Items" section. The total of this EOP should match what was actually deposited in the bank.

Q: What caused the adjusted claims on the 2/4/00 PHP EOP?

A: It was found that claims which should have been paid by the PHP plan originally processed as a regular Medicaid inpatient claim. These claims were recouped and processed as encounter claims on the 2/4/00 Medicaid EOP. Providers should adjust the original payment from their accounting system. These claims were sent through PHP processing and paid on the 2/4/00 PHP EOP. The reprocessed inpatient claim incorrectly shows as an adjusted claim on the PHP EOP. The PHP adjusted claim should be posted as a normal paid claim.

Q: Medicaid is paying more than is due on Medicare related outpatient claims. How do we handle these credits?

A: EDS is currently testing changes that will correct this problem. Once these changes are fully tested and moved to production, affected claims will be identified and reprocessed. Providers do not need to do anything manually to correct this. When the claims are reprocessed, the original claim will be recouped. The reprocessed claim will be given a new ICN number. The new claim should pay correctly.

Q: Medicaid is deducting inpatient copayments for emergency admissions and taking multiple copayments on split billed claims.

A: EDS is aware of this and currently testing changes. Once implemented these claims will also be identified and reprocessed.

Q: What is the status of automatic crossovers from Medicare for the processing of Medicare related outpatient claims?

A: EDS and Medicaid have been working on this process for the past several months. The recent changes with the Medicare Outpatient Prospective Payment System (OPPS) have slowed the implementation. We are working with BCBS to get the necessary information to accept these claims directly for processing.   Providers should continue submitting Medicare-related outpatient claims directly to EDS for processing. These claims may be sent electronically using the PES software or hardcopy using the Institutional Medicare/Medicaid-related Claim Form. Providers will be notified once the new processes are implemented.

Q: What is the status of maternity care reprocessing of claims that originally "Encountered Paid" in error?

A: Providers do not need to do anything manually to correct this. These claims have been identified and are scheduled for reprocessing. When the claims are reprocessed, the original claim will be recouped (if payment was made). The reprocessed claim will be given a new ICN number. The new claim should pay correctly.

Changes to Eligibility Response Files

Effective November 1, 2000, eligibility response files will be changed. Eligibility response files will return the total number of frames, lenses, and exams for the current year and previous year (currently 2000 and 1999) on recipients over age 21. According to the policy, recipients over age 21 are eligible for frames (2), lenses (2), and an exam (1) EVERY OTHER calendar year.

If benefit limits return these numbers then the recipient is currently not eligible for these services. The response does not indicate if the services were rendered in 2000 or 1999, just that the benefits have been exhausted. If the benefit limit information indicates that the recipient has not had frames, lenses, or an exam in 2000 or 1999 then the recipient is currently eligible.

Newborn Certification Form has Been Revised

Alabama Medicaid Agency Form 265 (Newborn Certification Form) has been revised to allow providers to request more than one Medicaid number on a single sheet. Form 265 is used by providers to request Medicaid numbers for children when the parent has failed to provide the Medicaid number to the provider. The old version of Form 265 allowed only one Medicaid number request per form. With the revised form, up to 10 Medicaid numbers can be requested on a single sheet. Completed forms may be mailed to the Alabama Medicaid Agency, Attention: Family Certification Division, P. O. Box 5624, Montgomery, AL 36103-5624 or faxed to Ms. Hampton at 334-242-0566.

If you need the revised Form 265, you may contact Ms. Hampton at telephone number 334-242-1744. Also, a copy of the revised Form 265 is on Medicaid's website at www.medicaid.state.al.us.

Inclusive Services for Initial and Periodic Screenings

When performing an EPSDT screening, refer to Appendix A of the Alabama Medicaid Provider Manual for services which are inclusive of the Initial and Periodic Screenings. These screenings include, include but are not limited to:

- A comprehensive health and developmental history
- A comprehensive unclothed physical exam
- Appropriate immunizations according to age and health history
- Lab tests (sickle cell, lead level appropriate for age and risk factors, etc.)
- Health education (including anticipatory guidance)

For more information, contact the Alabama Medicaid Agency, Outreach and Education Program at (334) 242-5455.

REMINDER

Hospitals must split bill claims that span:

- A rate change
- October 1 of any year
- More than one calendar year

Medicaid Coverage for HCPCS Codes

Effective October 1, 2000 Medicaid began coverage of the following HCPCS Codes:

P/C 62367 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion.

P/C 62368 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion, with programming.

If you have additional questions, please contact the Medicaid's Out reach & Education Program at (334) 242-5455.

Visit Alabama Medicaid ONLINE

www.medicaid.state.al.us

Providers Can Recieve:

Enrollment Applications
Medicaid Press Releases
Provider Insiders
Forms
Billing Manuals
Provider Manuals
Medicaid Software
Checkwrite Schedules
Annual Reports
Provider Notices
General Information
Continuing Education

www.medicaid.state.al.us

EDS Reorganizes Provider Representatives

Since the implementation of the AMMIS system, EDS has re-evaluated the existing organization of the provider representatives. The return to "**specialized**" representatives allows each representative to have more in-depth and broader knowledge base of the programs. The representatives will be divided into the following groups. Check the lists and find the particular specialty that concerns you and call the representative who is listed to the left of the list. Because of its size, Group 1 has been divided into two divisions by counties. Pharmacy providers should contact the EMC Help Desk.

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334-215-4159

elaine.bruce
@alxix.slg.eds.com
334-215-4155

denise.shepherd
@alxix.slg.eds.com
334-215-4132

CRNA	Nurse Practitioners
EPSDT (Physicians)	Podiatrists
Dental	Chiropractors
Physicians	Independent Labs
Optometric (Optometrists and Opticians)	Free Standing Radiology

North: **Judith Duncan and Tasha Mastin**

Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa, Walker, Winston

South: **Elaine Bruce and Denise Shepherd**

Autauga, Baldwin, Barbour, Bullock, Butler, Chambers, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Lee, Lowndes, Macon, Marengo, Mobile, Monroe, Montgomery, Perry, Pike, Russell, Sumter, Tallapoosa, Washington, Wilcox

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Children's Specialty Clinics	Rehabilitation Services
Prenatal Clinics	Home Bound Waiver
Maternity Care	Public Health
Nurse Midwives	Elderly and Disabled Waiver
Rural Health Clinic	Home and Community Based Services
Therapy Services (OT, PT, ST)	EPSDT
Commission on Aging	Family Planning
DME	Prenatal
Hearing Services	Preventive Education
Ambulance	Mental Health/Mental Retardation
FQHC	MR/DD Waiver

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kristie.wallace
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334-215-4130

Ambulatory Surgical Centers	Personal Care Services
ESWL	PEC
Home Health	Private Duty Nursing
Hospice	Renal Dialysis Facilities
Hospital	Swing Bed
Nursing Home	

Two new Provider Representatives will be hired to fill vacancies in the near future.

Medicaid Modifies Procedures Regarding Outdated Claims

The Alabama Medicaid Agency has modified its procedures regarding administrative review of outdated claims. **Exceptions to these procedures include claims submitted by PHP, Federally Qualified Health Centers, Provider-Based Rural Health Clinics and HCBS Waiver providers because different filing limits apply due to cost settlements.** The changes are designed to allow providers to resubmit for review and payment claims possibly affected by the implementation of the new EDS system, which began in September 1999.

Receipt of clean claims within the time periods listed in the table below, will be considered as a timely request for review, and the claims will be processed for payment under normal Medicaid criteria and procedures.

Clean claims must be received within the time periods listed in order for the extended limits to be effective.

Note: It is imperative that you address your oldest claims first during this time. Claims for dates of service May 1, 1999 through July 31, 1999 will only be accepted through October 31, 2000. Dates of service within the aforementioned time span will not be accepted after the extended deadline listed above.

These procedures only apply through November 30, 2000. Effective December 1, 2000 the one-year filing limit as defined in chapter 5, page 6, and the administrative review procedures in chapter 7, page 5 of the Alabama Medicaid Provider Manual will apply.

Dates of Service	Extended Deadline for Submission
May 1, 1999 - July 31, 1999	October 31, 2000
August 1, 1999 - November 30, 1999	November 30, 2000

Provider *Insider*

The checkwrite schedule is as follows:

| 10/06/00 | 10/20/00 | 11/03/00 | 11/17/00 | 12/08/00 | 12/15/00 | 01/05/01 | 01/19/01 | 02/09/01 | 02/23/01 | 03/09/01 | 03/23/01 |
| 04/06/01 | 04/20/01 | 05/04/01 | 05/18/01 | 06/08/01 | 06/22/01 | 07/06/01 | 07/20/01 | 08/03/01 | 08/17/01 | 09/07/01 | 09/14/01 |

As always, the release of direct deposits and checks depends on the availability of funds.

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EDS UNIVERSITY

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Changes to Eligibility Response Files

Effective November 1, 2000, eligibility response files will be changed. Eligibility response files will return the total number of frames, lenses, and exams for the current year and previous year (currently 2000 and 1999) on recipients over age 21. According to the policy, recipients over age 21 are eligible for frames (2), lenses (2), and an exam (1) EVERY OTHER calendar year.

If benefit limits return these numbers then the recipient is currently not eligible for these services. The response does not indicate if the services were rendered in 2000 or 1999, just that the benefits have been exhausted. If the benefit limit information indicates that the recipient has not had frames, lenses, or an exam in 2000 or 1999 then the recipient is currently eligible.

Newborn Certification Form has Been Revised

Alabama Medicaid Agency Form 265 (Newborn Certification Form) has been revised to allow providers to request more than one Medicaid number on a single sheet. Form 265 is used by providers to request Medicaid numbers for children when the parent has failed to provide the Medicaid number to the provider. The old version of Form 265 allowed only one Medicaid number request per form. With the revised form, up to 10 Medicaid numbers can be requested on a single sheet. Completed forms may be mailed to the Alabama Medicaid Agency, Attention: Family Certification Division, P. O. Box 5624, Montgomery, AL 36103-5624 or faxed to Ms. Hampton at 334-242-0566.

If you need the revised Form 265, you may contact Ms. Hampton at telephone number 334-242-1744. Also, a copy of the revised Form 265 is on Medicaid's website at www.medicaid.state.al.us.

Inclusive Services for Initial and Periodic Screenings

When performing an EPSDT screening, refer to Appendix A of the Alabama Medicaid Provider Manual for services which are inclusive of the Initial and Periodic Screenings. These screenings include, include but are not limited to:

- A comprehensive health and developmental history
- A comprehensive unclothed physical exam
- Appropriate immunizations according to age and health history
- Lab tests (sickle cell, lead level appropriate for age and risk factors, etc.)
- Health education (including anticipatory guidance)

For more information, contact the Alabama Medicaid Agency, Outreach and Education Program at (334) 242-5455.

REMINDER

Hospitals must split bill claims that span:

- A rate change
- October 1 of any year
- More than one calendar year

Medicaid Coverage for HCPCS Codes

Effective October 1, 2000 Medicaid began coverage of the following HCPCS Codes:

P/C 62367 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion.

P/C 62368 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion, with programming.

If you have additional questions, please contact the Medicaid's Out reach & Education Program at (334) 242-5455.

Visit Alabama Medicaid ONLINE

www.medicaid.state.al.us

Providers Can Recieve:

Enrollment Applications
Medicaid Press Releases
Provider Insiders
Forms
Billing Manuals
Provider Manuals
Medicaid Software
Checkwrite Schedules
Annual Reports
Provider Notices
General Information
Continuing Education

www.medicaid.state.al.us

EDS Reorganizes Provider Representatives

Since the implementation of the AMMIS system, EDS has re-evaluated the existing organization of the provider representatives. The return to "**specialized**" representatives allows each representative to have more in-depth and broader knowledge base of the programs. The representatives will be divided into the following groups. Check the lists and find the particular specialty that concerns you and call the representative who is listed to the left of the list. Because of its size, Group 1 has been divided into two divisions by counties. Pharmacy providers should contact the EMC Help Desk.

G R O U P 1

judith.duncan
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tasha.mastin
@alxix.slg.eds.com
334-215-4159

elaine.bruce
@alxix.slg.eds.com
334-215-4155

denise.shepherd
@alxix.slg.eds.com
334-215-4132

CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric (Optometrists and Opticians)

Nurse Practitioners
Podiatrists
Chiropractors
Independent Labs
Free Standing Radiology

North: Judith Duncan and Tasha Mastin

Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa, Walker, Winston

South: Elaine Bruce and Denise Shepherd

Autauga, Baldwin, Barbour, Bullock, Butler, Chambers, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Lee, Lowndes, Macon, Marengo, Mobile, Monroe, Montgomery, Perry, Pike, Russell, Sumter, Tallapoosa, Washington, Wilcox

G R O U P 2

ann.miller
@alxix.slg.eds.com
334-215-4142

laquita.wright
@alxix.slg.eds.com
334-215-4199

Children's Specialty Clinics
Prenatal Clinics
Maternity Care
Nurse Midwives
Rural Health Clinic
Therapy Services (OT, PT, ST)
Commission on Aging
DME
Hearing Services
Ambulance
FQHC

Rehabilitation Services
   Home Bound Waiver
Public Health
   Elderly and Disabled Waiver
   Home and Community Based Services
   EPSDT
   Family Planning
   Prenatal
   Preventive Education
Mental Health/Mental Retardation
   MR/DD Waiver

G R O U P 3

cornelia.mays
@alxix.slg.eds.com
334-215-4160

kristie.wallace
@alxix.slg.eds.com
334-215-4130

Ambulatory Surgical Centers
ESWL
Home Health
Hospice
Hospital
Nursing Home

Personal Care Services
PEC
Private Duty Nursing
Renal Dialysis Facilities
Swing Bed

Two new Provider Representatives will be hired to fill vacancies in the near future.

Medicaid Modifies Procedures Regarding Outdated Claims

The Alabama Medicaid Agency has modified its procedures regarding administrative review of outdated claims. **Exceptions to these procedures include claims submitted by PHP, Federally Qualified Health Centers, Provider-Based Rural Health Clinics and HCBS Waiver providers because different filing limits apply due to cost settlements.** The changes are designed to allow providers to resubmit for review and payment claims possibly affected by the implementation of the new EDS system, which began in September 1999.

Receipt of clean claims within the time periods listed in the table below, will be considered as a timely request for review, and the claims will be processed for payment under normal Medicaid criteria and procedures.

Clean claims must be received within the time periods listed in order for the extended limits to be effective.

Note: It is imperative that you address your oldest claims first during this time. Claims for dates of service May 1, 1999 through July 31, 1999 will only be accepted through October 31, 2000. Dates of service within the aforementioned time span will not be accepted after the extended deadline listed above.

These procedures only apply through November 30, 2000. Effective December 1, 2000 the one-year filing limit as defined in chapter 5, page 6, and the administrative review procedures in chapter 7, page 5 of the Alabama Medicaid Provider Manual will apply.

Dates of Service	Extended Deadline for Submission
May 1, 1999 - July 31, 1999	October 31, 2000
August 1, 1999 - November 30, 1999	November 30, 2000

Provider *Insider*

The checkwrite schedule is as follows:

10/06/00	10/20/00	11/03/00	11/17/00	12/08/00	12/15/00	01/05/01	01/19/01	02/09/01	02/23/01	03/09/01	03/23/01
04/06/01	04/20/01	05/04/01	05/18/01	06/08/01	06/22/01	07/06/01	07/20/01	08/03/01	08/17/01	09/07/01	09/14/01

As always, the release of direct deposits and checks depends on the availability of funds.

Medicaid Rates Increase for Physicians and Dentists

Governor Don Siegelman announced on Thursday, September 28, 2000 his directive to Medicaid to increase Medicaid reimbursement rates for physicians and dentists. The rate increase was effective for dates of service on and after October 1, 2000 and is a major step in ensuring that Medicaid patients have adequate access to qualified medical professionals.

Reimbursement for physician office codes rose from 68% of Medicare to 90% of Medicare. For example, the rate for a comprehensive office visit increased from $71 to $86. Reimbursement for other various non-office codes increased from an average of 45% of Medicare to 70% of Medicare. Some codes which were above 90% of Medicare have been reset to 90% of Medicare's rate.

Dental rates increased from approximately 60% of Blue Cross Blue Shield to 100% of Blue Cross Blue Shield with the exception of several codes with documented misuse/abuse. For example, the reimbursement rate for a tooth extraction increased from $34 to $53 and the rate for a dental cleaning increased from $20 to $35. The total provider rate increase amounts to $26.4 million, with $10.8 million to be used toward physician office visits, $9 million to be used for other physician services and $6.5 million to be used for reimbursement for dentists.

Historically, Medicaid has adjusted reimbursement rates for physicians' services on a case by case basis and for limited services. In 1994, Medicaid increased office visit rates to 100% of Medicare rates; however, because annual adjustments were not made, reimbursements for these codes fell at or below 68% of Medicare rates.

Dentists have frequently cited low reimbursement rates as a major barrier to appropriate access for children to receive routine and preventive dental care. Many of the 300,000 Medicaid-eligible children in Alabama have been unable to get dental care; there are only 93 dentists in the State who regularly see Medicaid patients, 30% of Alabama counties have no active Medicaid dentists. Increasing dental rates is a significant stride in a comprehensive initiative to improve the oral health of Alabama's children.

In This Issue…

Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ❒ *Office Manager*
- ❒ *Billing Dept.*
- ❒ *Medical/Clinical Professionals*
- ❒ *Other _____*

Alabama Medicaid System Issues Update

The Alabama Medicaid Agency has identified overpayments to hospitals and physicians for inpatient hospital days / dates of service over the 16-day limit. These claims will be adjusted on a future EOP.

Error 300/3000 The problem with claims rejecting/denying for adult vaccines has been corrected. Providers can now resubmit any claim that rejected with error code 3000 or denied with EOB code 300 for recipients 19 years of age and over.

Case Management Services Available to Dental Providers.

Medicaid has implemented a targeted case management service for dental providers. The services were implemented to assist dentists with various issues encountered when serving Medicaid patients. Targeted case management services include patient education in the areas of keeping appointments, compliance with treatment protocol, appropriate behavior in the dental office and other areas of concern to the dentist. Either the active Medicaid dental provider or the Patient 1st physician may refer a patient for dental targeted case management services. When referring a patient for case management services, your Medicaid provider number must be provided to the case manager for billing purposes. To refer Medicaid patients for case management services contact the case manager in the county in which the Medicaid patient resides at the numbers listed below:

Area 1 .... (256) 381-1231
Colbert, Franklin, Lauderdale, Marion, Winston, Walker

Area 2 .... (256) 340-2113
Cullman, Jackson, Lawrence, Limestone, Madison, Marshall, Morgan

Area 3 .... (205) 554-4507
Bibb, Greene, Fayette, Lamar, Pickens, Tuscaloosa

Area 4 .... (205) 930-1427
Jefferson

Area 5 .... (256) 927-7000
Blount, Dekalb, Cherokee, Etowah, Shelby, St. Clair

Area 6 .... (256) 236-3274
Calhoun, Chambers, Clay, Cleburne, Coosa, Randolph, Talladega, Tallapoosa

Area 7 .... (334) 947-6206
Choctaw, Dallas, Hale, Lowndes, Marengo, Perry, Sumter, Wilcox

Area 8 .... (334) 567-1165
Autauga, Bullock, Chilton, Elmore, Lee, Macon, Montgomery, Russell

Area 9 .... (334) 947-6206
Baldwin, Bulter, Clarke, Conecuh, Covington, Escambia, Monroe, Washington

Area 10 .... (334) 678-2800 Ext 305
Barbour, Coffee, Crenshaw, Dale, Geneva, Henry, Houston, Pike

Area 11 .... (334) 690-8980
Mobile

REMINDER

Dental Providers

Effective October 1, 2000, procedure code 00350 (oral / facial images) replaces procedure code 00471 (diagnostic photographs) and is only covered when requested and prior authorized by Medicaid.

H.I.D. Replaces AQAF

Effective November 1, 2000, Medicaid providers will need to contact Health Information Designs (H.I.D.) to request pharmacy prior authorizations and overrides at the numbers below. Help desk hours of operation will be from 9:00 a.m. to 9:00 p.m. on Monday through Friday and 10:00 a.m.- 9:00 p.m. on Saturday. A clinical representative will be on call after hours, Sundays and holidays to respond to requests within the federally mandated 24-hour response period.

Health Information Designs, Inc.
P.O. Box 3210
Auburn, Al 36832-3210
1-800-748-0130
FAX # 1-800-748-0116

Providers may obtain updated prior authorization and override request forms from H.I.D. or Medicaid's website.

If you have additional questions regarding this information, please contact Medical Services Outreach & Education Program at Medicaid 334-242-5455.

Two Important Reminders For Patient 1st

The Patient 1st Program is receiving paper claims that should instead be going directly to EDS for processing. The only claims that should be sent to Medicaid's Patient 1st Program are claims that need an administrative review for override, etc. Claims should be sent with a cover letter requesting review.

The Patient 1st Program is also receiving faxes of the Newborn Assignment Form that are illegible due to the copy being too dark. If at all possible, please mail these forms to Medicaid. If you need to send by fax, please make sure that the copy is light enough to read the information on the form.

www.medicaid.state.al.us

Medicaid Begins Reimbursement for Anesthesia Services

Effective October 1, 2000, Alabama Medicaid began reimbursement for anesthesia services provided by an Anesthesiology Assistant (AA). Administration of anesthesia will be reimbursed if the AA meets the qualifications and standards set forth in Rule No. 540-X-7-.34 of the Alabama Board of Medical Examiners. The AA must submit an enrollment application to EDS and receive a provider number to submit claims for services. Specific billing guidelines will be included in the next update to the *Alabama Medicaid Provider Manual*.

Billing Requirements for Additional Tooth Number Designation

When billing for services that require specification of specific areas of the oral cavity such as space maintainers, indicate in the tooth field on the claim form or under header 2 on the Provider Electronic Solutions Software, the appropriate tooth designation indicated below:

Code	Designation
UR	Upper Right Quadrant
UL	Upper Left Quadrant
UA	Upper Arch
LA	Lower Arch
FM	Full Mouth
LR	Lower Right Quadrant
LL	Lower Left Quadrant
99	Supernumerary Tooth

Placing these designations in the modifier section under header 2 will cause the claim to reject.

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EDS UNIVERSITY

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A: EDS and Medicaid have been working on this process for the past several months. The recent changes with the Medicare Outpatient Prospective Payment System (OPPS) have slowed the implementation. We are working with BCBS to get the necessary information to accept these claims directly for processing.   Providers should continue submitting Medicare-related outpatient claims directly to EDS for processing. These claims may be sent electronically using the PES software or hardcopy using the Institutional Medicare/Medicaid-related Claim Form. Providers will be notified once the new processes are implemented.

Q: What is the status of maternity care reprocessing of claims that originally "Encountered Paid" in error?

A: Providers do not need to do anything manually to correct this. These claims have been identified and are scheduled for reprocessing. When the claims are reprocessed, the original claim will be recouped (if payment was made). The reprocessed claim will be given a new ICN number. The new claim should pay correctly.

Changes to Eligibility Response Files

Effective November 1, 2000, eligibility response files will be changed. Eligibility response files will return the total number of frames, lenses, and exams for the current year and previous year (currently 2000 and 1999) on recipients over age 21. According to the policy, recipients over age 21 are eligible for frames (2), lenses (2), and an exam (1) EVERY OTHER calendar year.

If benefit limits return these numbers then the recipient is currently not eligible for these services. The response does not indicate if the services were rendered in 2000 or 1999, just that the benefits have been exhausted. If the benefit limit information indicates that the recipient has not had frames, lenses, or an exam in 2000 or 1999 then the recipient is currently eligible.

Newborn Certification Form has Been Revised

Alabama Medicaid Agency Form 265 (Newborn Certification Form) has been revised to allow providers to request more than one Medicaid number on a single sheet. Form 265 is used by providers to request Medicaid numbers for children when the parent has failed to provide the Medicaid number to the provider. The old version of Form 265 allowed only one Medicaid number request per form. With the revised form, up to 10 Medicaid numbers can be requested on a single sheet. Completed forms may be mailed to the Alabama Medicaid Agency, Attention: Family Certification Division, P. O. Box 5624, Montgomery, AL 36103-5624 or faxed to Ms. Hampton at 334-242-0566.

If you need the revised Form 265, you may contact Ms. Hampton at telephone number 334-242-1744. Also, a copy of the revised Form 265 is on Medicaid's website at www.medicaid.state.al.us.

Inclusive Services for Initial and Periodic Screenings

When performing an EPSDT screening, refer to Appendix A of the Alabama Medicaid Provider Manual for services which are inclusive of the Initial and Periodic Screenings. These screenings include, include but are not limited to:

- A comprehensive health and developmental history
- A comprehensive unclothed physical exam
- Appropriate immunizations according to age and health history
- Lab tests (sickle cell, lead level appropriate for age and risk factors, etc.)
- Health education (including anticipatory guidance)

For more information, contact the Alabama Medicaid Agency, Outreach and Education Program at (334) 242-5455.

REMINDER

Hospitals must split bill claims that span:

- A rate change
- October 1 of any year
- More than one calendar year

Medicaid Coverage for HCPCS Codes

Effective October 1, 2000 Medicaid began coverage of the following HCPCS Codes:

P/C 62367 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion.

P/C 62368 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion, with programming.

If you have additional questions, please contact the Medicaid's Out reach & Education Program at (334) 242-5455.

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EDS Reorganizes Provider Representatives

Since the implementation of the AMMIS system, EDS has re-evaluated the existing organization of the provider representatives. The return to "**specialized**" representatives allows each representative to have more in-depth and broader knowledge base of the programs. The representatives will be divided into the following groups. Check the lists and find the particular specialty that concerns you and call the representative who is listed to the left of the list. Because of its size, Group 1 has been divided into two divisions by counties. Pharmacy providers should contact the EMC Help Desk.

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CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric (Optometrists and Opticians)

Nurse Practitioners
Podiatrists
Chiropractors
Independent Labs
Free Standing Radiology

North: **Judith Duncan and Tasha Mastin**

Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa, Walker, Winston

South: **Elaine Bruce and Denise Shepherd**

Autauga, Baldwin, Barbour, Bullock, Butler, Chambers, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Lee, Lowndes, Macon, Marengo, Mobile, Monroe, Montgomery, Perry, Pike, Russell, Sumter, Tallapoosa, Washington, Wilcox

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Children's Specialty Clinics
Prenatal Clinics
Maternity Care
Nurse Midwives
Rural Health Clinic
Therapy Services (OT, PT, ST)
Commission on Aging
DME
Hearing Services
Ambulance
FQHC

Rehabilitation Services
   Home Bound Waiver
Public Health
   Elderly and Disabled Waiver
   Home and Community Based Services
   EPSDT
   Family Planning
   Prenatal
   Preventive Education
Mental Health/Mental Retardation
   MR/DD Waiver

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Ambulatory Surgical Centers
ESWL
Home Health
Hospice
Hospital
Nursing Home

Personal Care Services
PEC
Private Duty Nursing
Renal Dialysis Facilities
Swing Bed

Two new Provider Representatives will be hired to fill vacancies in the near future.

Medicaid Modifies Procedures Regarding Outdated Claims

The Alabama Medicaid Agency has modified its procedures regarding administrative review of outdated claims. **Exceptions to these procedures include claims submitted by PHP, Federally Qualified Health Centers, Provider-Based Rural Health Clinics and HCBS Waiver providers because different filing limits apply due to cost settlements.** The changes are designed to allow providers to resubmit for review and payment claims possibly affected by the implementation of the new EDS system, which began in September 1999.

Receipt of clean claims within the time periods listed in the table below, will be considered as a timely request for review, and the claims will be processed for payment under normal Medicaid criteria and procedures.

Clean claims must be received within the time periods listed in order for the extended limits to be effective.

Note: It is imperative that you address your oldest claims first during this time. Claims for dates of service May 1, 1999 through July 31, 1999 will only be accepted through October 31, 2000. Dates of service within the aforementioned time span will not be accepted after the extended deadline listed above.

These procedures only apply through November 30, 2000. Effective December 1, 2000 the one-year filing limit as defined in chapter 5, page 6, and the administrative review procedures in chapter 7, page 5 of the Alabama Medicaid Provider Manual will apply.

Dates of Service	Extended Deadline for Submission
May 1, 1999 - July 31, 1999	October 31, 2000
August 1, 1999 - November 30, 1999	November 30, 2000